p 1 - 3	UNITED STATES	ATTORNEY'S DOCKET NO.
DECLARATION A	UTILITY PATENT APPLICATION ND POWER OF ATTORNEY – ORIGINAL APPLICATION	ON 207,215

A A I I i (1) TITLE OF	s a below named inventor, I he My residence, post office addres verily believe I am the origina nventors are named below) of to The Pyrroloimidazole Containing them, Al	reby declare that: as and citizenship are as state as first and sole inventor (if o the invention entitled DERIVATIVES, THEIR PRE ND THEIR USE AS NOOTI	DADATION PHARM	ne: elow) or a joint inven ACEUTICAL COMP	_{tor} (if plural	i
(2) CHECK APPROPRIATE BOX	the specification of which (2) is attached hereto. X was filed on and was amended or I hereby state that I have reviction as a amended by any a I acknowledge my duty to diapplication under 37 CFR 1. issued before the date of this by me or my legal represent for patents or inventor's cerapplication by me or my legal representation by me or my legal representation.	March 22, 2004 as Application of which is application in any country factors or assigns more than the invention filed gal representatives or assigns more than the same of the	(if applicable). (if applicable). I am aware which is more patented or made foreign to the United State welve months prior to the lin any country foreign.	atified specification, in aterial to the patentabi the subject of an inver ates of America on an	application	filed ions
(3) CHECK APPROPRIA BOX	TE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	have been filed as follows: EIGN APPLICATION(S), IF ANY		THIS APPLIES	LICATION	
		APPLICATION(S), IF ANY	, FILED WITHIN 12 MON'I	Date of Issue	Priority (Under 35	Claimed
(4)COMPLE	TE EARLIEST FOR	Application Number	Date of Filing (day, month, year)	(day, month, year)	X Yes	□ No
DATA INDICATE	Country Country	MI2003A000573	24 March 2003		☐ Yes	□ No
IF APPLICAB	(4) Italy	IVIIZOUSTICE			☐Yes	□ No
APPLICAB						ON
		PPLICATIONS, IF ANY, FILE	D MORE THAN 12 MO	NTHS PRIOR TO THIS	AFFEIGHT	
	ALL FOREIGN A	PPLICATIONS, IF ANY, FIELD				
	(4)					
	I hereby claim the bend	efit under Title 35, United Stanatter of each of the claims oner provided by the first paralial information as defined in e of the prior application and	ates Code § 120 of any f this application is not graph of Title 35, Unit Title 37, Code of Feder the national or PCT in	ternational filing date	of this applie	cation.
			iling date)	(Status: patented	i, pending, a	Julia
(5) CC	MPLETE (5)	rial No.)			d pending,	abandone

DC(Moon and		(Status: patented, pending, abandoned
(5) COMPLETE (5) (Application Serial No.)	(Filing date)	
DATA INDICATED (Application		(Status: patented, pending, abandone
IF APPLICABLE	(Filing date)	(Page 1 of 2)
(Application Serial No.)		•

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(6) DETAILS REQUIRED FOR EACH INVENTOR

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